

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NY	SPH	9-12-01
RESPONSE FORMALITY REVIEW	gcl	1020	12-17-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claims	Date
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Claims	Date
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Claims	Date
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BEST AVAILABLE COPY

361900
09/13/01

617
12-17-01

If more than 150 claims or 10 actions
 staple additional sheet here

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